

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	04/04/2019 14:28
Date Of Accident	03/04/2019 17:40
Exact Location Of Accident	PIE TWDS LORNIE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG7244B
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	HAJI MOHAMED MOHIDEEN S/O N MOHAMED ISMAIL
NRIC No	S2138534D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97315099
Alternative Phone No	OFFICE-97315099

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106689753
Cover Note Number	

Driver

Name of Driver	NUR SHAHIRAH BINTE MOHAMED MOHIDEEN
NRIC No	S9525344Z
Date Of Birth	20/07/1995
Occupation	INDOOR
Date Of Driving Pass	13/02/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90035945
Fax Number	
Contact Number	OFFICE-90035945
Email Address	NOEMAIL

Address	88 CORPORATION ROAD #05-16
Postcode	649823
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190403/2225.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN1483S
Vehicle Make/Model/Colour	TOYOTA COROLLA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG GEOK GWEE
NRIC/Passport Number	S6838738H
Contact Number	81575653
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLZ9706J
Vehicle Make/Model/Colour MAZDA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TAN HELEN NEE HU TOH KENG
NRIC/Passport Number S0098862F
Contact Number 91912008
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SCY7778B
Vehicle Make/Model/Colour TOYOTA WISH
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver AHMAD BIN UJANG
NRIC/Passport Number S1629546I
Contact Number 93840516
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NUR SHAHIRAH BINTE MOHAMED MOHIDEEN
Approximate Age
Injuries Sustain NECK, BACK & SHOULDER
Injured person in which vehicle? SMG7244B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- 3) Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4) The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5) Any false reporting may be referred to the police for investigation.
- 6) The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7) By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8) **Consent under the Personal Data Protection Act (PDPA)**

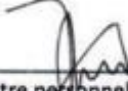
I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of:
 - (i) Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigations the accident and/or my claims;
 - (iii) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/law firms, may/are permitted to collect, use, disclose and/or process my personal information for one or more of the above purposes; and
- (c) My personal information may/can be disclosed by any of the insurer and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above purposes.
- (d) My personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) The information so collected under (d) above may be shared / disclosed:
 - (i) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature
Date / time:



Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN

A: SM67244D
B: SLN1483S
C: SLZ9706J
D: SLV7778B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report:
T/2019 0403/2225

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190403/2225

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 4

Report No. T/20190403/2225

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2019 21:33	Vide Report No.:	Station Diary No.: 176
--	------------------	---------------------------

Informant's Particulars			
Name of Informant: NUR SHAHIRAH BINTE MOHAMED MOHIDEEN		Address: 88 CORPORATION ROAD #05-16 SINGAPORE 649823	
ID Type / ID No.: NRIC NO / S9525344Z		Contact No.: Home/Office: Mobile: 90035945	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 23	Date of Birth: 20/07/1995	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name: SIM University
Occupation: Student		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/04/2019 17:45	Type of Location: Straight Road
Location: Along Road 1 LORNIE ROAD approaching Lornie Rd Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Chain collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCY7778B	Car	TOYOTA	WISH1.8X A	Brown		0
SLN1483S	Car	TOYOTA	COROLLA ALTIS 1.6 CVT	Red		0
SLZ9706J	Car	MAZDA	MAZDA2 SEDAN 1.5 AT STANDARD PLUS EU6	Silver		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190403/2225

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 4

Report No. T/20190403/2225

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMG7244B	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Blue	Seriously Damaged	0

Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		
Driver						
Name	AHMAD BIN UJANG			ID No.	S1629546I	
Related Vehicle	SCY7778B (Car)			Contact No.	93840516	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL			Date Discharge	NIL	
No. of Days granted Medical Leave		NIL		Degree of Injury	NIL	
Driver						
Name	ANG GEOK GWEE			ID No.	S6838738H	
Related Vehicle	SLN1483S (Car)			Contact No.	81575653	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL			Date Discharge	NIL	
No. of Days granted Medical Leave		NIL		Degree of Injury	NIL	
Driver						
Name	TAN HELEN NEE HU TOH KENG			ID No.	S0098862F	
Related Vehicle	SLZ9706J (Car)			Contact No.	91912008	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL			Date Discharge	NIL	
No. of Days granted Medical Leave		NIL		Degree of Injury	NIL	

Police Report



**SINGAPORE
POLICE FORCE**



T/20190403/2225

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 4
Report No. T/20190403/2225

CONTINUATION OF REPORT

Driver			
Name	NUR SHAHIRAH BINTE MOHAMED MOHIDEEN	ID No.	S9525344Z
Related Vehicle	SMG7244B (Car)	Contact No.	90035945
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	03/04/2019	Date Discharge	03/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 3/4/19 at about 1745hrs, I was filtering into the Lornie Rd exit in my vehicle, SMG7244B (V1). I wish to state that the traffic was heavy at that point of time as such my vehicle was stationary. All of a sudden, I felt a collision from the rear. The impact from the collision caused me to surge forward and hit onto a vehicle in front of me, SCY7778B (V2).

When I alighted from my vehicle, I realised that I was involved in a chain collision. A vehicle behind me, SLN1483S (V3) had collided onto the rear of my vehicle after another vehicle, SLZ97606J (V4) had hit onto its rear. All drivers alighted from our vehicles to exchange particulars and take photos of the damages.

No Traffic Police and ambulance at scene. No government property damaged and nobody injured at scene however later, I felt pains of my back and neck as such I went to the doctor and was given 3 days of MC. The front car plate had scratches and was cracked and the front portion of my vehicle had scratches on it. The rear of portion of my vehicle was seriously damaged. I have an in-built camera (front and back) and it captured the whole accident.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20190403/2225

4 of 4

Report No. T/20190403/2225

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 3 NUR SAHIDAH BINTE IBRAHIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

03/04/2019 21:33

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 061

Authentication Stamp

NP168

SIG

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

